

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017598

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2400123

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74

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH APR 17 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
1 1/2 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. John's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Belle fontaine Neighbors

d. STREET ADDRESS (If outside, give location)
10346 Coburg Lands Drive

3. NAME OF DECEASED
(Type or print)

First
Mary

Middle
F

Last
Evel

4. DATE OF DEATH
Month Day Year
April 10, 1963

5. SEX
female

6. COLOR OR RACE
white

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-14-1886

9. AGE (last birthday)
77

IF UNDER 1 YEAR
Months Days
IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Seamstress (retired)

10b. KIND OF BUSINESS OR INDUSTRY
Kregel Casket Company

11. BIRTHPLACE (City and state or country)
Germantown, Ills.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

George Evel

13b. MOTHER'S MAIDEN NAME

Anna Wallers

14. NAME OF HUSBAND OR WIFE
never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Celya Eschmann, 10346 Coburg Lands Dr

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thrombosis mesenteric artery

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Valvular Heart disease R. Heart

DUE TO (c)

Rheumatism 4/44

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arterio sclerosis Right

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 1948 to April 10, 1963 and last saw her alive on 4-10-63
Death occurred at 1:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

April 15, 1963

23c. NAME OF CEMETERY OR CREMATORY
St. Mary's Cemetery

23d. LOCATION (City, town, or county)
Carlyle, Illinois

(State)

24. FUNERAL DIRECTOR

Address

Math Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, Missouri

25. DATE RECD. BY LOCAL REG.

APR 12 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.